

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

STATE FILE NO.

6828 ✓

CERTIFICATE OF DEATH

BIRTH NO.

IF DEATH ND RESIDENCE	1. PLACE OF DEATH A. COUNTY <b>Cochise</b>		2. USUAL RESIDENCE (WHERE DECEASED LIVED, IF INSTITUTION; RESIDENCE BEFORE ADMISSION) A. STATE <b>Ariz.</b> <b>Cochise</b> COUNTY	
	B. CITY (IF OUTSIDE CORPORATE LIMITS, WRITE RURAL) <b>Douglas</b>		C. LENGTH OF STAY IN THIS PLACE (IN ARIZONA) <b>8 yrs 75 yrs</b>	
IDENT DNAL TA 7 V51	D. FULL NAME OF (IF NOT IN HOSPITAL OR INSTITUTION, GIVE STREET ADDRESS OR LOCATION) <b>1725 Pan American Ave</b>		D. STREET ADDRESS (IF RURAL, GIVE LOCATION) <b>1725 Pan American Ave</b>	
	3. NAME OF DECEASED A. (FIRST) <b>Mary</b> B. (MIDDLE) <b>Ellen</b> C. (LAST) <b>Morris</b>		4. SEX <b>female</b> 5. COLOR OR RACE <b>white</b>	
331X USE IF ATH A 18)	6. MARRIED - - - - - NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		7. DATE OF BIRTH MONTH <b>Apr</b> DAY <b>8</b> YEAR <b>1869</b>	
	8. AGE YEARS <b>82</b> MONTHS <b>8</b> DAYS <b>16</b>		9A. USUAL OCCUPATION (GIVE KIND OF WORK DURING MOST OF LIFE, EVEN IF RETIRED). <b>Housewife</b>	
TIONS, OPSY	9B. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		10. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Utah</b>	
	11. CITIZEN OF WHAT COUNTRY? <b>U S</b>		12. WAS DECEASED EVER IN U. S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, WAR OR DATES OF SERVICE)	
TH TO RNAL ENCE	14A. FATHER'S NAME <b>William Riggs</b>		14B. BIRTHPLACE (STATE OR COUNTRY) <b>Utah</b>	
	15A. MOTHER'S MAIDEN NAME <b>Unknown</b>		15B. BIRTHPLACE (STATE OR COUNTRY)	
ICAL ONER'S CATION	16. INFORMANT'S SIGNATURE <b>W. L. Morris</b>		17. DATE OF DEATH (MONTH) <b>Dec</b> (DAY) <b>26</b> (YEAR) <b>1951</b>	
	18. CAUSE OF DEATH ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), (c). *THIS DOES NOT MEAN THE MODE OF DYING, SUCH AS HEART FAILURE, ASTHMA, ETC. IT MEANS THE DISEASE, INJURY, OR COMPLICATION WHICH CAUSED DEATH. PLACE DISEASE CONTINUED.		MEDICAL CERTIFICATION I. DISEASE OR CONDITIONS DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage.</b> ANTECEDENT CAUSES MORBID CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (b) <b>arteriosclerosis</b> ING THE UNDERLYING CAUSE LAST. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATING TO THE DISEASE OR CONDITION CAUSING DEATH.	
TH TO RNAL ENCE	19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
ICAL ONER'S CATION	21A. ACCIDENT SUICIDE HOMICIDE (SPECIFY)		21B. PLACE OF INJURY (E. G., IN OR ABOUT HOME, FARM, FACTORY, STREET, OFFICE BLDG., ETC.)	
	21C. (CITY OR TOWN) (COUNTY) (STATE)			
ERAL CTOR ND TRAR	21D. TIME (MONTH) (DAY) (YEAR) (HOUR) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
	21F. HOW DID INJURY OCCUR?			
2	22. I HEREBY CERTIFY THAT I ATTENDED THE DECEASED FROM <b>Sept 1951</b> TO <b>Dec 1951</b> THAT I LAST SAW THE DECEASED ALIVE ON <b>Dec 2</b> 1951 AND THAT DEATH OCCURRED <b>11:00 PM</b> FROM THE CAUSES AND ON THE DATE STATED ABOVE.			
	23A. SIGNATURE (DEGREE OR TITLE) <b>R. L. Montgomery M.D.</b>		23B. ADDRESS <b>Douglas</b>	
2	23C. DATE SIGNED <b>12/27/51</b>			
	24A. BURIAL <input checked="" type="checkbox"/> CREMATION <input type="checkbox"/> REMOVAL <input type="checkbox"/>		24B. DATE <b>12-29-51</b>	
2	24C. NAME OF CEMETERY OR CREMATORY <b>Calvary Cemetery</b>		24D. LOCATION (CITY, TOWN, OR COUNTY) (STATE) <b>Douglas, Ariz</b>	
	25A. DATE REC'D BY LOCAL REG. <b>Dec. 27-51</b>		25B. REGISTRAR'S SIGNATURE <b>C. W. Adams</b>	
2	26. FUNERAL DIRECTOR'S SIGNATURE <b>London Brown</b>		27. EMBALMER'S SIGNATURE <b>London Brown</b>	
	CERT. NO. <b>238</b>			